

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/554574

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7	1		1			
8	1		1			
9						
10	1		1			
11		2		2		
12		2		2		
13	1		1			
14	1		1			
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23		2		2		
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TOTAL IND.					6	
TOTAL DEP.					30	
TOTAL CLAIMS					36	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						